

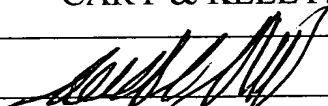
Please type a plus sign (+) inside this box → ☐

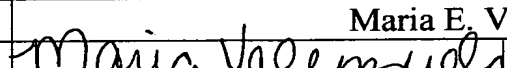
PTO/SB/21 (08-00)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Applicati n Number	09/309,361
	Filing Date	May 11, 1999
	First Named Inventor	BURROWS
	Group Art Unit	1765
	Examiner Name	CHAMPAGNE, D.
Total Number of Pages in This Submission	Attorney Docket Number	NFC1PC2806

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	I-CHECK FOR 39000
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	RECEIVED
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input checked="" type="checkbox"/> Return Receipt Postcard	MAY -4, 2001
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	1700 MAIL ROOM
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	CARY & KELLY, LLP
Signature	 Reg. No.: 36,764
Date	Apr 23, 2001

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 23, 2001	
Typed or printed name	Maria E. Valenzuela
Signature	 Date April 23, 2001

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FEE TRANSMITTAL for FY 2001 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/309,361
		Filing Date	May 11, 1999
		First Named Inventor	BURROWS, Lee J.
		Examiner Name	CHAMPAGNE, D.
		Group Art Unit	1765
		Attorney Docket No.	NFC1PC2806
TOTAL AMOUNT OF PAYMENT		(\$)	390

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-1338 Deposit Account Name: CARY & KELLY, LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		105 130 205 65 Surcharge - late filing fee or oath \$0	
FEE CALCULATION		127 50 227 25 Surcharge - late provisional filing fee or cover sheet \$0	
1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid		139 130 139 130 Non-English specification \$0	
101 710 201 355 Utility filing fee \$0		147 2,520 147 2,520 For filing a request for <i>ex parte</i> reexamination \$0	
106 320 206 160 Design filing fee \$0		112 920* 112 920* Requesting publication of SIR prior to Examiner action \$0	
107 490 207 245 Plant filing fee \$0		113 1,840* 113 1,840* Requesting publication of SIR after Examiner action \$0	
108 710 208 355 Reissue filing fee \$0		115 110 215 55 Extension for reply within first month \$390	
114 150 214 75 Provisional filing fee \$0		116 390 216 195 Extension for reply within second month \$0	
SUBTOTAL (1) (\$) 0		117 890 217 445 Extension for reply within third month \$0	
2. EXTRA CLAIM FEES		118 1,390 218 695 Extension for reply within fourth month \$0	
Total Claims 0 -20 = -20 x \$18 = \$0		128 1,890 228 945 Extension for reply within fifth month \$0	
Independent Claims 0 -3 = -3 x \$80 = \$0		119 310 219 155 Notice of Appeal \$0	
Multiple Dependent \$0		120 310 220 155 Filing a brief in support of an appeal \$0	
Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid		121 270 221 135 Request for oral hearing \$0	
103 18 203 9 Claims in excess of 20 \$0		138 1,510 138 1,510 Petition to institute a public use proceeding \$0	
102 80 202 40 Independent claims in excess of 3 \$0		140 110 240 55 Petition to revive - unavoidable \$0	
104 270 204 135 Multiple dependent claim, if not paid \$0		141 1,240 241 620 Petition to revive - unintentional \$0	
109 80 209 40 ** Reissue independent claims over original patent \$0		142 1,240 242 620 Utility issue fee (or reissue) \$0	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent \$0		143 440 243 220 Design issue fee \$0	
SUBTOTAL (2) (\$) 0		144 600 244 300 Plant issue fee \$0	
**or number previously paid, if greater; For Reissues, see above		122 130 222 130 Petitions to the Commissioner \$0	
		123 50 123 50 Petitions related to provisional applications \$0	
		126 240 126 240 Submission of Information Disclosure Stmt \$0	
		581 40 581 40 Recording each patent assignment per property (times number of properties) \$0	
		146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a)) \$0	
		149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b)) \$0	
		179 710 279 355 Request for Continued Examination (RCE) \$0	
		169 900 169 900 Request for expedited examination of a design application \$0	
		Other fee (specify) _____ \$0	
		SUBTOTAL (3) (\$) 390	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Charles C. Cary	Registration No. (Attorney/Agent)	36,764
Signature		Telephone	(650) 316-4011
		Date	Apr 23, 2001

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